SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 17

RECEIVED

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1. NAME OF COMMITTEE			and the state of				Pr. 128		
Re-Elect Mayor Ken タグブ									
2. TREASURER NAME	新沙 斯克斯克斯	nie state de la company			d day			THE STATE OF	
First		MI	Last					Suffix	***************************************
Jon 			FitzGera	ld .					
3. TREASURER ADDRESS	hallon hap to		A Company			1		The grands	
Street Address 99 Gregory Rd		City	stol			State CT	Zip C		
· .				,		<u> </u>	060		
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUG	iHT (Complete only	y if Candidate (Committee)			6. DIST	RICT NUMB	ER
	mayor						19	-9	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)				Account of			
First		MI	Last					Suffix	-
Kenneth	ra we have not by a second of the second way of the factor of the second of the second	В	Cockayr	ie			, man we have		C. 1100000.00
8. TYPE OF REPORT (Check One Box)				CONTROL HELD TOWN	Sales Sales			of Section 2. All and a second	
O January 10 filing	7th day preced	ding primary	7th d	lay preceding referendum		nitial Cont PACs ONLY)		or Disburseme	ent
April 10 filing	30 days follow	ving primary	O 45 da	ays following referendum	_	Amendmen			
• July 10 filing	7th day preced	ling election	O Defic	eit	Ty	ype of Rep	ort:		
October 10 filing	12th day prece		Term	nination	_				_
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election ovember							
9. PERIOD COVERED	And Carlotte Manager and Andrews	and of opening the	Personal residence				11	· 有色 医皮肤	
	Beginning Dat	te		Ending Date					
	April 1, 2017		thru	June 30, 2017					
			•	•					
10. CERTIFICATION					Language (b)	Appendix a			
W. CERTITICATION,									
I hereby certify and state, under p Disclosure Statement for the pe					is Item	nized Can	npaign F	inance	
1							,		
11 Vis 12	1	Jon	P FitzGera	ld			7/-	フノノフ	,
TREASURER OR DEPUTY TRYANDRI	ER (SIGNATURE)	PRIN	NT NAME O	F SIGNER			DATE ((pnm/dd/yyyy)	
	elangers to se				(14.5)	TAGE.			
A person who is	found to have kn	owingly and w	villfully vio	lated any provisions of the	 г сатр	oaign fina	nce stati	ites	

faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Re-Elect Mayor Ken ユロブ	July 10, 2017			
·	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0		
12. Balance on hand at the beginning of Reporting Period	3218.86			
13. Contributions Received from Individuals (Sections A and B)	12136	16745		
14. Receipts from Other Committees (Sections C1 and C2)	Ò	. 0		
15. Other Monetary Receipts (Sections D through K)	0	60		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	1550	1950		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	13680	18755		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	16898.86	18755		
19. Expenses Paid by Committee (Section P)	10 357.78	12213.92		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	65 41.08	6 541 08		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0		
23. In-Kind Contributions Received (Section M)	0	0		
24. Refundable Deposit to Telephone Company (Section N)	0	D		
25. Loan Balance	0			
25a. + Loans Received (Section D)	0	60		
25b. + Interest and Penalties on Loan	0	0		
25c Payments on Loan	0	60		
25d. Total Outstanding Loan Amount	0			
26. Campaign Expenses Paid by Candidate (Section Q)	0			
27. Expenses Incurred on Committee Credit Card (Section R)	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	O			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re-Elect Mayor Ken 2017		July 10, 2017
A. Total Contributions from Small Contributors-Rece	eived this Period ONLY	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 2490
		•
B. Itemized C	Contributions from Indivi	iduals
Last Name	First	MI
ARCE	Des;	
Residential Street Address 67 Palmorn PL	City Baistel	State Zip Code
Principal Occupation	Name of Employer	(2) (2) (7)
retired	refined	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	00 to a candidate for a chief executive the is associated with have a contract Yes	re officer of a municipality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # (1913) 74 Yes No If yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section L1?	a state contractor or prospective state ranch or branches	te contractor? Yes No Legislative
Method of Contribution:	Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Mor	ney Order 6/27/17	75 25
Last Name Audet	First Nonset	MI
Residential Street Address 25 Rose many Lane Principal Occupation	City	State Zip Code
Principal Occupation Netine	Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a candidate for a chief executive he is associated with have a contract Yes No	e officer of a municipality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0603174 Is contributor a principal of If yes, indicate which be of government the contributor of government the government the government the government	_	te contractor? Yes No Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received	Aggregate Contributions
Last Name	First	MI
Residential Street Address	FIRA	
Principal Occupation Residential Subsection Residues Ridge Red Principal Occupation	City Solding f Name of Employer J	State Zip Code
retined	retin	e)
	00 to a candidate for a chief executive he is associated with have a contract Yes Yes	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		e contractor? Yes No Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received	Aggregate Contributions /ou /ou
SUI	BTOTAL Section B — This	
TOTA	AL of additional Section B P	Pages 9415
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Sections A see 13, Column A of Summary Page 2	

Section B ADDITIONAL PAGE 3A of /7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPO	RT
Re Elect Mayor Lea 2017 A. Total Contributions from Small Contributors-Received	July /	102017
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A \$	
and the property of the second	ontributions from Individuals	
Last Name	First	MI
Residential Street Address 256 Winding Ridge Rel	City	State Zip Code
Principal Occupation Principal Occupation	Name of Employer	CT
retirel	2 of ine	
Is contributor a lobbyist, spouse,	to a candidate for a chief executive officer of a munic ne is associated with have a contract with said municipa	cipality, Amount of Contribution lity
Is this contribution associated with an Yes Is contributor a principal of		l Yes
event reported in Section L1? If yes, list Event # 0603174 No of government the cont		1 No
Method of Contribution: □ Cash (☑ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mor	Date Received Aggregate Contribution	ons
Last Name	First / / / / / / / / S	\(\setminus \)
Rasdasanian	Rainen	
Residential Street Address Da North Stan Da	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	0 to a candidate for a chief executive officer of a munic le is associated with have a contract with said municipal Yes No	ipality, Amount of Contribution ity
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which b of government the contributor associated with an If yes, indicate which b	anch or branches] Yes 我No
Method of Contribution:	Date Received Aggregate Contribution	1 -
□ Cash Credit/Debit Card □ Payroll Deduction □ Mon	1,10,1,	106
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	(BRISTO)	CT
Principal Occupation	Name of Employer	——————————————————————————————————————
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Provided the specific of \$40 does contributor or business he/sl	0 to a candidate for a chief executive officer of a munic	pality, Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/sl valued at more than \$5,000?	e is associated with have a contract with said municipal Yes No	ity
Is this contribution associated with an event reported in Section L1? If yes, list Event #	anch or branches \triangle	IYes INo
Method of Contribution:	Date Received Aggregate Contribution	
☐ Cash	ey Order 5/85/17 450	200
SUI	TOTAL Section B — This Page	325
TOTA	L of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	M INDIVIDUALS (Sections A + B) 2 13, Column A of Summary Page Totals)	

Section B ADDITIONAL PAGE 3B of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with	r Filing Repository)		TYPE OF REPORT	
REElect Mayor Ker	2017		7/10/1	7
A. Total Contributions from Small Contribution (See instructions for definition of Small Contributor)	outors-Receive	d this Period ONLY UBTOTAL SECTION A		
В.	Itemized Cont	tributions from Ind	ividuals	
Last Name		First)		МІ
Residential Street Address	[Ci	ity early	<u> </u>	State Zip Code
1524 Perkins St		BRUSTO)		CT
Principal Occupation	n	Name of Employer	11.54	kact
	or business he/she is	a candidate for a chief execution associated with have a control Yes	utive officer of a municipality ract with said municipality	
Is this contribution associated with an IX Yes Is contribut event reported in Section L1?		ate contractor or prospective		-
	ernment the contract i	is with: Executi	ve Legislative	4
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll De	duction Money O		Aggregate Contributions	
Last Name		First	1/50	MI
Residential Street Address	Cit	Rickey	,	State Zip Code
455 W, tehes Rock	Rel	Brutel		Cot
Principal Occupation		Name of Employer		
	20.100			
	or business he/she is	a candidate for a chief execu associated with have a contr Yes 42 N	act with said municipality	/, Amount of Contribution
event reported in Section L1?	or a principal of a standicate which brancernment the contract i		state contractor? Yes	
Method of Contribution:	Timent the contract i	Date Received	Aggregate Contributions	-
□ Cash 🗖 Personal Check □ Credit/Debit Card □ Payroll Dec	duction	rder 2/18/17	100	100
Last Name		First		MI
Residential Street Address ()	Cit	1 Jetika	9	State Zip Code
27 Cricket Hill		Buti		
Principal Occupation	<i></i>	Name of Employer	,	
	or business he/she is	a candidate for a chief execution associated with have a control Yes	act with said municipality	/, Amount of Contribution
event reported in Section L1?	or a principal of a standicate which branch rnment the contract is		state contractor? ☐ Yes ☐ No ve ☐ Legislative	
Method of Contribution: ☐ Cash ☐ Payroll Deck ☐ Credit/Debit Card ☐ Payroll Dec	duction	Date Received	Aggregate Contributions	700
<i>V</i> ,		OTAL Section B — Th		250
		of additional Section I		
TOTAL OF ALL CONTRIBU (E)		INDIVIDUALS (Section Column A of Summary Page		

Section B ADDITIONAL PAGE 3 c of 17

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT		
Re Elect Mayor K	en 2017		1/10/1	7	
A. Total Contributions from Sma	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				
	B. Itemized Co	ntributions from Indivi	duals		
Last Name		First	A DESCRIPTION OF THE STATE OF T	MI	
Carni	PN	Alexis		N. F	
Residential Street Address Principal Occupation		City		State Zip Code	
1 Riverinoa) R	1	Farmington		G	
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse,	contribution is in excess of \$400	to a candidate for a chief executive	e officer of a municipality	/. Amount of Contribution	
or dependent child of a lobbyist?		is associated with have a contract Yes		, Amount of Contribution	
Is this contribution associated with an Yes		state contractor or prospective state	e contractor?	7	
event reported in Section L1? \(\text{If yes}, \text{ list Event # \(\text{\text{\text{Po}}} \) \(\text{\text{No}} \)	If yes, indicate which brar of government the contrac		☐ Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 6 3 17	100	/00	
Last Name		First		MI	
Residential Street Address 270 Camp		Chairine			
Residential Street Address		City		State Zip Code	
270 Camp	<+	Routel		CT	
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? No doe	es contributor or business he/she	o a candidate for a chief executive is associated with have a contract		, Amount of Contribution	
1	ued at more than \$5,000?	☐ Yes ☐ No		4	
Is this contribution associated with an event reported in Section L1? \(\text{If yes}, \text{list Event # \(\text{\te}\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi{\texi{\text{\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi{\texi{\texi}\texi{\texi{\texi}\	Is contributor a principal of a s If yes, indicate which bran of government the contract		e contractor? Yes		
Method of Contribution:	or government and commun		Aggregate Contributions	†	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 6/3/17	100	100	
Last Name		First		MI	
Canpa		6thande			
Residential Street Address		City		State Zip Code	
84 Andrews St		Kantol		CI	
Principal Occupation		Name of Employer	L		
or dependent child of a lobbyist?		o a candidate for a chief executive is associated with have a contract of Yes		, Amount of Contribution	
Is this contribution associated with an event reported in Section L1? \(\text{If yes}, \text{ list Event # \(\text{D \frac{1}{26}} \) \(\text{P} \)	Is contributor a principal of a s If yes, indicate which bran of government the contrac		□ No		
Method of Contribution:		Date Received	Aggregate Contributions	7 /	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 4/6/17	50	50	
	SUBT	OTAL Section B — This	Page	250	
	TOTAL	of additional Section B P	ages		
TOTAL OF ALL		I INDIVIDUALS (Sections A 3, Column A of Summary Page 1			

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NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE OF REPORT		
Re Elect Mi	yor Ken 20	117		7/10/1	7	
A. Total Contributions from Small (See instructions for definition of Small Contr	Contributors-Receiv	ed this Period SUBTOTAL SEC		\$		
	B. Itemized Con	ntributions fro	om Indivi	duals		
Last Name		First				MI
Carner		1010	ude			
Residential Street Address	マナ	City	i-4 1		State	Zip Code
Principal Occupation		Name of Em	ployer			
or dependent child of a lobbyist?	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?		ve a contract		y, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 2603/7	Is contributor a principal of a s If yes, indicate which brar of government the contract	ich or branches	•	e contractor?		
Method of Contribution:	or government the contract	Date Receive		Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order 6/	3/17	100	5	ل
Last Name		First				MI
Residential Street Address			Joyle			
		City	7,		State 2	Zip Code
28 Pennon	Ave	Mair	11/2		CT	
Principal Occupation		Name of Emp	oloyer			
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 t contributor or business he/she is at more than \$5,000?	s associated with ha			/, Amoun	nt of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event # 10603/12	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or branches	•	e contractor? ☐ Yes ☑ No ☐ Legislative	4	
Method of Contribution:		Date Received	. 1	Aggregate Contributions	1	1
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order 6/3,	17	100	1 10	60
Last Name		First				MI
Canien		Kev	in			
Residential Street Address 4 Spance Dr		City	n.//e		1 1	Zip Code
Principal Occupation		Name of Emr		Mark.	CT	
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she in at at more than \$5,000?		ve a <u>co</u> ntract v		/, Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Olio 3/7/	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or branches	•	contractor?		
Method of Contribution:	In up :	Date Received	d /	Aggregate Contributions	1	
☐ Cash Personal Check ☐ Credit/Debit Card ☐			<u> </u>	/00	10	U
		OTAL Section			25	.0
	TOTAL	of additional S	ection B P	ages		
TOTAL OF ALL C	ONTRIBUTIONS FROM (Enter total on Line 1					

Section B ADDITIONAL PAGE 32 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Receiv	7	7/10/17	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ntributions from Individ	luals	
Last Name	First		MI
Carrier	Patrick		
	City Varualle		State Zip Code
Principal Occupation The Mountain Rd	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a section L1? No If yes, indicate which brain the section L1?	state contractor or prospective state	contractor? ☐ Yes ☐ No]
If yes, list Event # 271317 of government the contract	et is with:	☐ Legislative	
Method of Contribution:	1	Aggregate Contributions	
☐ Cash	16/26/11	100	100
Last Name	First		MI
Residential Street Address	Rejean City	I	State Zip Code
28 Perrun Ave	Plan 110	لم ا	Zip code
Principal Occupation	Name of Employer		.,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		₽No	
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/3/17	100	100-
Last Name	First		MI
Carrier	Ywon		
	City		tate Zip Code
Principal Occupation Rinch S+	Name of Employer		27
· ····································	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 10 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0		contractor? ☐ Yes -☐ No ☐ Legislative	
Method of Contribution:	1 . 1 . 1	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 0603/17	/60	100
SUBT	OTAL Section B — This F	age	300
TOTAL	of additional Section B Pa	ges	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page To		

Section B ADDITIONAL PAGE 3F of 17

NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT			
Re-Elect Mayor Ken 2017			7/10/10	フルック			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
Control of the contro	2		JIAL GEETION A				
					Definition was	Carata (Charles Arenae), 1907	
Last Name	B. Itemized Con	ntribi Fir	utions from Indivi	duals		МІ	
distulli				20		l vii	
Residential Street Address		City	Genna, Kensing to		State	Zip Code	
Principal Occupation	une		Name of Employer	<i>Ц</i>	0/		
or dependent child of a lobbyist? I No does cont	ution is in excess of \$400 t ributor or business he/she more than \$5,000?	to a can	didate for a chief executive iated with have a contract	e officer of a municipalit with said municipality	y, Amour	nt of Contribution	
event reported in Section L1?	ontributor a principal of a s fyes, indicate which bran of government the contract	ch or b	ranches	e contractor?			
Method of Contribution:	- B		Date Received	Aggregate Contributions	-		
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Pay	roll Deduction	Order	5/21/17	100	10	0	
Last Name		Firs	it ,	790	1/0	MI	
Clifford			Linda				
Residential Street Address	C	City	Rosti		State Z	ip Code	
Principal Occupation		-6	Name of Employer				
or dependent child of a lobbyist?	ntion is in excess of \$400 to ributor or business he/she is more than \$5,000?				/, Amoun	t of Contribution	
event reported in Section L1?	ontributor a principal of a s fyes, indicate which bran of government the contract	ich or b	ranches	e contractor? Yes			
Method of Contribution:	8-		Date Received	Aggregate Contributions	-		
□Cash ☑Personal Check □Credit/Debit Card □Payr	oll Deduction Money (Order	6/3/17	100	100		
Last Name		Firs	1			MI	
Coan			Stphen				
Residential Street Address 331 Main 54	ľ	City			1 1	ip Code	
Principal Occupation		í	Name of Employer		O		
·			Traine of Employer				
or dependent child of a lobbyist? No does contr	ntion is in excess of \$400 to ibutor or business he/she is more than \$5,000?				Amoun	t of Contribution	
event reported in Section L1?	ntributor a principal of a st fyes, indicate which brand of government the contract	ch or b	ranches	-□ No			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr	oll Deduction	Order	9/6/17	75	25		
	SUBT	OTAI	Section B — This	Page	275		
	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CON			VIDUALS (Sections A mn A of Summary Page 1				

Section B ADDITIONAL PAGE 36 of 17

NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPORT		
Re Elset Mayor k	cer 2017			7/10/17		
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)	ntributors-Receive		riod ONLY SECTION A	\$		
	B. Itemized Con		s from Indivi	duals		
Last Name		First	1			MI
Residential Street Address	. C	ity	larion		State	Zip Code
Principal Occupation 93 TIME	Pd		RIJ-tel		T	
travel elect		Name	of Employer	with Ma	11.11	
Is contributor a lobbyist, spouse,	ation is in excess of \$400 to ibutor or business he/she is			e officer of a municipalit		unt of Contribution
valued at r	more than \$5,000?		☐Yes ☐No	<u> </u>	_	
event reported in Section L1?	ntributor a principal of a sta fyes, indicate which branc of government the contract	h or branch	es .	Legislative		
Method of Contribution:			Received	Aggregate Contributions	-	Ì
☐ Cash	oll Deduction	Order 6	12/17	200-	2	00
Last Name		First	.0777	200	10	MI
D'Anst.		Dn-	Lany			
Residential Street Address	Ci	ity),,,,,,		State	Zip Code
220 MORNINSILLO DA	\mathcal{Z}	-Br	15/0)		CT	
Principal Occupation		Name	of Employer			
la oren		17)	Amoto	Construct	1000	C ,
or dependent child of a lobbyist? No does contri	tion is in excess of \$400 to ibutor or business he/she is nore than \$5,000?	associated w		officer of a municipality		ant of Contribution
	ntributor a principal of a sta fyes, indicate which branc			e contractor? Yes		
If yes, list Event # 04061910	of government the contract	is with:	☐ Executive	☐ Legislative		
Method of Contribution:			deceived	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	oll Deduction		6/17	100	10	0
Last Name		First				MI
Residential Street Address	lo:	<u> </u>	Zenne		l a	7: 0.1
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Section B ADDITIONAL PAGE 3/+ of 17

NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing Repository)		TYPE OF REPORT	
ReElect May	Ken Jai	7	7/10/1-)
A. Total Contributions from Small Co (See instructions for definition of Small Contributor)	ntributors-Received	this Period ONLY BTOTAL SECTION A	\$	•
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Principal Occupation		Name of Employer		
or dependent child of a lobbyist? No does conti		a candidate for a chief executive associated with have a contract		Amount of Contribution
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Denino		Carrie		
Residential Street Address	City	Ro. 41		State Zip Code
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or dependent child of a lobbyist?		candidate for a chief executive ssociated with have a contract Yes No		Amount of Contribution
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Method of Contribution:	Bo	Date Received	Aggregate Contributions	
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or dependent child of a lobbyist?		candidate for a chief executive ssociated with have a contract	officer of a municipality,	Amount of Contribution
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Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Repository)		TYPE OF REPORT		
Re-Elect Mayo	Ken 2015)	7/10/17		
A. Total Contributions from Small Co	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				
	B. Itemized Con	tributions from Indivi	duals		
Last Name		First	2		MI
Residential Street Address	C	ity 2		State	Zip Code
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Principal Occupation	•	Name of Employer	2		
or dependent child of a lobbyist?	tributor or business he/she is	a candidate for a chief executive associated with have a contract	e officer of a municipality with said municipality	, Amoui	nt of Contribution
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If yes, list Event # 160310	of government the contract i		☐ Legislative		
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Dudzinski		Cassandra			
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or dependent child of a lobbyist? No does cont	oution is in excess of \$400 to tributor or business he/she is more than \$5,000?	a candidate for a chief executive associated with have a contract Yes	e officer of a municipality, with said municipality	Amoun	t of Contribution
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	SUBTO	TAL Section B — This	Page	22	3
	TOTAL o	of additional Section B P	ages		
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Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPORT		
Restest Ma	Restest May Ken 2017 7/10/17					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$						
	B. Itemized Con	ntrib	utions from Indivi	duals		
Last Name Days 12		Fir	Milanie			MI
Residential Street Address		City	n cap, e		State	Zip Code
133 Maxine	RU		Baig 21		G	
Principal Occupation		•	Name of Employer			
or dependent child of a lobbyist?	tion is in excess of \$400 to ibutor or business he/she more than \$5,000?	o a can	didate for a chief executive intention in a contract ☐ Yes ☐ No	e officer of a municipality with said municipality	/, Amou	unt of Contribution
event reported in Section L1?	ntributor a principal of a s fyes, indicate which bran of government the contract	ch or b		e contractor?		
Method of Contribution:	- Bo		Date Received	Aggregate Contributions		
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Residential Street Address			Kuland			
185 Balaide M		City	Reull		State	Zip Code
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or dependent child of a lobbyist? No does contri			didate for a chief executive inted with have a contract Yes No		, Amou	nt of Contribution
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Method of Contribution:			Date Received	Aggregate Contributions	7	
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104 ch. pperdale L.		<i>y</i>	1.11	d		Zip cout
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energy expireer			ARamo	nk Cu-1		
or dependent child of a lobbyist?			didate for a chief executive iated with have a contract of Yes \text{No}		, Amou	nt of Contribution
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 314 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil.	ing Repository)		TYPE OF REPORT		
ReElect Mayor Kon	2017		7/10/1)	
The desired of the control of the co	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				
B. Itemized Contributions from Individuals					
Last Name		First			MI
Erickson		ERIC		La	<u> </u>
104 Charpen (2011)	City	Back		State	Zip Code
Principal Occupation		Name of Employer		1	
Is contributor a lobby is, spouse,		Hrana	rak Co-		
	ousiness he/she is as	candidate for a chief executive sociated with have a contract Yes		, Amou	ınt of Contribution
event reported in Section L1?	cate which branch o		→ No		_
	nent the contract is v	<u>.</u>	☐ Legislative		25
Method of Contribution:	tion TMoney Orde	Date Received	Aggregate Contributions		
Last Name	<u> </u>	First	103		MI
(F. hsan		Mark			
Residential Street Address	City	1.1081		State	Zip Code
12 Ceder Ridse		Brutel		CF	
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? In does contributor or by valued at more than	susiness he/she is ass \$5,000?	andidate for a chief executive sociated with have a contract	with said municipality		nt of Contribution
event reported in Section L1?	n principal of a state cate which branch on ment the contract is v		te contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
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Last Name		First /			MI
Residential Street Address A Character St.	la:	Lisa		[a]	7: 0 1
Residential Street Address	City	M = 11		State	Zip Code
Principal Occupation		Name of Employer			
1	ousiness he/she is ass	andidate for a chief executive sociated with have a contract		, Amou	nt of Contribution
event reported in Section L1?	principal of a state of cate which branch on the contract is v		Legislative		
Method of Contribution: Date Received Aggregate Contributions					
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SUBTOTAL Section B — This Page 225					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 34 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor))	TYPE OF REPORT		
Re Elect Mayor Ken	2017	7/10/1	7	
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized C	Contributions from Indivi	duals		
Last Name	Pirst Dona W		MI	
Residential Street Address	City		State Zip Code	
Principal Occupation	Name of Employer			
Roofen	D Grepo	ine Roof	ind	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executiv he is associated with have a contract ☐ Yes ☑ No	e officer of a municipality,	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # /2603179 Is contributor a principal of If yes, indicate which be of government the contributor approximation of government ap		e contractor?		
Method of Contribution:	Date Received	Aggregate Contributions	1	
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Last Name	First	, , , ,	MI	
Gagoine	Donald			
Residential Street Address 1 180 Mentin Ref	City		State Zip Code	
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Roofer		ine Roofin		
	00 to a candidate for a chief executive the is associated with have a contract Yes Yes		Amount of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				
If yes, list Event #	·····	Legislative Aggregate Contributions		
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Last Name	First		MI	
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Residential Street Address 62 Hariland St	City	1	State Zip Code	
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	00 to a candidate for a chief executive he is associated with have a contract Yes		Amount of Contribution	
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Section B ADDITIONAL PAGE 3 m of 17

NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)			TYPE OF REPORT		
ReElect Maya Ken 2017		7/10/17				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
	B. Itemized Contributions from Individuals					
Last Name		Fir				MI
Residential Street Address			William			
2 Minon Ru		City	Jen	124/10	State	Zip Code
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or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she and at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event # 0003/9/4	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	e contractor?		
Method of Contribution:			Date Received	Aggregate Contributions	┪	
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Last Name		Firs	st			MI
Hantman			Ga:1			
Residential Street Address	C	City	0		State	Zip Code
164 Rider R		_	BRUTOL		CT	
Principal Occupation			Name of Employer			
or dependent child of a lobbyist?	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				, Amou	ant of Contribution
Is this contribution associated with an Yes event reported in Section L1? \(\sigma\) No If yes, list Event # \(\sigma\) O 3 1 7 \(\sigma\)	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	√No		
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Hick		-	Thomas			
Residential Street Address 991 Terkeme		City	Ruti		State	Zip Code
Principal Occupation			Name of Employer			
PROJECT LE	Ze ./		Actua			
Is contributor a lobbyist, spouse, Yes If con or dependent child of a lobbyist? Yes does	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 040619 A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution: Date Received Aggregate Contributions						
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 4/6/17 70 10						
SUBTOTAL Section B — This Page 270						
TOTAL of additional Section B Pages						
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Section B ADDITIONAL PAGE 3 v of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)		TYPE OF KEPORT	
REElect Mayor	Ken 20,	2	7/10/17	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				
В.	Itemized Contri	butions from Indivi	duals	
Last Name Hick		Thomas		MI
Residential Street Address 991 Telleme Ave	City	Bristal		State Zip Code
Principal Occupation Preject lead		Name of Employer		
Is contributor a lobbyist, spouse,	or business he/she is ass	eandidate for a chief executive sociated with have a contract		Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contribution If yes, I section L1?		contractor or prospective stat r branches	e contractor?	-
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Residential Street Address	City	John		State Zip Code
47 Peach Thee	, 1	Ro 11		C.4
Principal Occupation		Name of Employer		9 1
	or business he/she is ass	andidate for a chief executive ociated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event # 0713194 Section Contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1
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Last Name		First		MI
Residential Street Address		Holker		
Residential Street Address	City	D i		State Zip Code
Principal Occupation		Name of Employer		91
Principal Occupation		Name of Employer		
	or business he/she is ass	andidate for a chief executive sociated with have a contract Yes No		Amount of Contribution
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SUBTOTAL Section B—This Page 250				
	TOTAL of	additional Section B F	ages	
TOTAL OF ALL CONTRIB (E		DIVIDUALS (Sections A olumn A of Summary Page		

Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT		
Re Elect May	on Ken 2017		7/10/1-)	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
	B. Itemized Con	tributions from Indivi	duals		
Last Name		First			MI
Residential Street Address	Ic	ity Sharein		State	Zip Code
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Principal Occupation	• 10	Name of Employer	1 Baistul		
	contribution is in excess of \$400 to es contributor or business he/she is	a candidate for a chief executive	e officer of a municipalit	y, Amo	unt of Contribution
val	ued at more than \$5,000?	□ Yes ☑No	•	_	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branc of government the contract	h or branches	e contractor?		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Order 4/6/17	250	16	250
Last Name		First			MI
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203 Pinehu	ret R.)	Bosti		CT	
Principal Occupation	3 - 1 - 0	Name of Employer	·-	I	I
potoney		Law Oft,	ce 1 Cluc	<i>ن ل</i>	Kraniale
or dependent child of a lobbyist?	ontribution is in excess of \$400 to a contributor or business he/she is used at more than \$5,000?			Amo	unt of Contributio
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If yes, list Event # 068317 P	of government the contract			_	``
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money O		Aggregate Contributions	زر ا) —)
Last Name		First	250	0	MI
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Sigarney	51	Baiste)		G	
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? No doe	ontribution is in excess of \$400 to as contributor or business he/she is used at more than \$5,000?			, Amo	unt of Contributio
Is this contribution associated with an Yes event reported in Section L1?					
Method of Contribution: Date Received Aggregate Contributions					
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Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)		TYPE OF REPORT			
Restect may or Ken 2017			7/10/17			
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					

	B. Itemized Co	ontributions from Indiv	iduals			
Last Name		First 5-leve		MI		
Residential Street Address 244 Wester Principal Occupation	1 1 1 0)	City Bay to		State Zip Code		
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1?			te contractor? Yes No]		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit C	Card □ Payroll Deduction □ Money	Date Received	Aggregate Contributions	165-1		
Last Name		First	63	MI		
Residential Street Address		City City	<u> </u>	State Zip Code		
Principal Occupation Tpsu, te	5 Rd	Name of Employer		57		
Timespar Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an Yes event reported in Section L1?						
Method of Contribution:	•	Date Received	Aggregate Contributions			
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Last Name		First Patricle	·	MI		
Residential Street Address	1 54	City		State Zip Code		
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retire		netine.	.)			
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Method of Contribution:		Date Received	Aggregate Contributions	1		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 6/22/17 250 100				100		
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TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page				

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or dependent child of a lobbyist?	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Superiorial Contributions From Small Contributors Substitutes Subs	REELES Mayor Ken 2017		7/10/1	7
B. Itemized Contributions from Individuals Eart Name	A. Total Contributions from Small Contributors-Received		\$	
Residential Street Address	(See trast actions for definition by Small Controllab)	UBIOTAL SECTION A	L	
Residential Street Address	P. Herring Co.		ame.	
Residential Street Address State Zip Code		John China de la particular de la calculation de la Assachia de la Calculation del calculation de la c	uuais	MI
Residential Street Address State Zip Code	$\int \mathcal{L}_{\text{obs}} Q$	Salac		
Scontributor a lobbyist, spouse, or dependent child of a lobbyist? State		City —		State Zip Code
Scontributor a lobbyist, spouse, or dependent child of a lobbyist? State	60 Mayleen Da	Bristal		CT
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Security Yes Security Yes Security Yes		Name of Employer		-
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Security Yes Security Yes Security Yes				
Is this contribution associated with an event reported in Section 1.17 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Is contribution Is Is Is Is Is Is Is I	or dependent child of a lobbyist? No does contributor or business he/she is	s associated with have a contract		Amount of Contribution
State Stat	Is this contribution associated with an Yes Is contributor a principal of a s	tate contractor or prospective stat	e contractor?	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/31/N OU OO				
Residential Street Address State Address Principal Occupation			Aggregate Contributions	1
Residential Street Address Residential Street Address State Zip Code	- ☐ Cash	Order 5/31/17	100	100
Principal Occupation Name of Employer	Last Name	First	, , , , , , , , , , , , , , , , , , , ,	MI
Principal Occupation Name of Employer	Lumai	Peter		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Spo	Residential Street Address	City	,	State Zip Code
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Spo	745 Mill Plain Rd	J-aintiele	1	CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of does contribution of business he/she is associated with have a contract with said municipality adulted at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 0 63 10 12 If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branches of government the contract with said municipality, and the principal of government the contract with said municipality, and the principal of government the contract with said municipality, and the principal of government the contract with said municipality, and the principal of government the contract with said municipality, and the principal of government the government of government the government of government the government of government the government of government of government in the government of		1	- ^	
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event reported in Section L1?	or dependent child of a lobbyist?	s associated with have a contract		Amount of Contribution
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Section B ADDITIONAL PAGE 3R of 17

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)		TYPE OF REPORT	
Restert M	ayor Ken 201	フ	7/10/17	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				
	B. Itemized Co	ntributions from Indivi	iduals	
maphee, Uh		First	1	MI
Residential Street Address 44 Relaisan	Circle	City Bar Je)		State Zip Code
Principal Occupation 2etirel		Name of Employer Refine	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L13	Yes Is contributor a principal of a	state contractor or prospective state or branches	te contractor? Yes	
Method of Contribution:		Date Received	Aggregate Contributions	
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Last Name		First		MI
Residential Street Address		City		State Zip Code
Principal Occupation Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution Yes Use of \$400 to a candidate for a chief executive officer of a municipality, does contribution Yes of \$400 to a candidate for a chief executive officer of a municipality, does contribution Yes of \$400 to a candidate for a chief executive officer of a municipality, does contribution Yes of \$400 to a candidate for a chief executive officer of a municipality, does contribution				
	event reported in Section L1?			
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Residential Street Address		City		State Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
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Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPORT		
RETENT Many Ken 20	17	7/10/17		
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$		
•				
B. Itemized Contributions from Individuals				
Last Name	First	· MI		
Meachant	David			
Residential Street Address 75 Worth 31	City Plannat	State Zip Code		
Principal Occupation	Name of Employer			
	of \$400 to a candidate for a chief executives he/she is associated with have a contract?			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal No If yes, indicate wh	pal of a state contractor or prospective stat	□ No		
If yes, list Event # 01/06/74 of government the Method of Contribution:	Date Received	☐ Legislative Aggregate Contributions		
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Mocedan	Anthon			
Residential Street Address	City	State Zip Code		
70 Wolcott R)	Batel	CT		
Principal Occupation	Name of Employer			
Lineral advisor	AXA	Adusons LCC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of does contributor or business valued at more than \$5,000.	of \$400 to a candidate for a chief executive s he/she is associated with have a contract ?	c officer of a municipality, Amount of Contribution with said municipality		
event reported in Section L1? . If ves, indicate wh	pal of a state contractor or prospective state	e contractor?		
If yes, list Event # 040617W of government the		☐ Legislative		
Method of Contribution: ☐ Cash → ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	1 ./ /	Aggregate Contributions		
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Last Name A / · j	First	MI		
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116 — 1	A and i			
Principal Occupation	Name of Employer			
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Section B ADDITIONAL PAGE 34 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
RcElest Mayor Kon 2017			7/10/17			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
B. Itemized Contributions from Individuals						
Last Name Parallelast Name		Firs	DIA			MI
Residential Street Address 200 Westwood		City	Market 1		State	Zip Code
Principal Occupation) RJ	1	Name of Employer		9	
			Traine of Employer			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				, Amo	ount of Contribution
	res Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or br	ranches	e contractor?		
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Last Name		First	0/1			MI
Residential Street Address		City	1Kusen+	_	State	Zip Code
Residential Street Address 200 Westwo.	1 Rd	_	Baistel		CT	
Principal Occupation	,		Name of Employer			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a cand s associa	idate for a chief executive ated with have a contract value Yes No	officer of a municipality, with said municipality	Amo	unt of Contribution
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20 Frenklin	, 5+		Trumball	,	CT	
Principal Occupation			Name of Employer			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
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Section B ADDITIONAL PAGE 36 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Rested Mayor Ken 2017	7/10/17				
A. Total Contributions from Small Contributors-Received this Period ONLY	\$				
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B. Itemized Contributions from Individual Last Name	duals MI				
Residential Street Address 360 Biselow Rd Skowher a Principal Occupation Name of Employer	State Zip Code				
Principal Occupation Skowkep a Name of Employer	ME				
Principal Occupation Name of Employer	·				
Is contributor a lobbyist, spouse,					
or dependent child of a lobbyist? In the does contributor or business he/she is associated with have a contract valued at more than \$5,000? In Yes	with said municipality				
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches	e contractor?				
If yes, list Event # OHOGING of government the contract is with: Executive	☐ Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Aggregate Contributions / O O / O ()				
Last Name First	MI				
Quinto Patrick					
Residential Street Address City	State Zip Code				
Principal Occupation Name of Employer	[c] _				
Scenetary Dayon Mag					
Is contributor a lobbyist, spouse,					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0 106170	e contractor? ☐ Yes ☐ No ☐ Legislative				
Method of Contribution: Date Received	Aggregate Contributions				
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Riccio-Larson First Joann	MI				
Residential Street Address City	State Zip Code				
Residential Street Address City State Zip Code Principal Occupation Name of Employer					
Reg Hor T+5 Proper Morgenent					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No					
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Section B ADDITIONAL PAGE 3 v of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	(ערוס	TYPE OF REPORT	
Re Elect Mayor Kon 2017		7/10/17	,
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		\$	
B. Itemized	Contributions from Indivi	duals	
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17 Blue meadow Re	Bristo)		CT
Principal Occupation	Name of Employer	1 M-	
	\$400 to a candidate for a chief executive e/she is associated with have a contract	officer of a municipality,	Amount of Contribution
valued at more than \$5,000?	☐ Yes ☐ No	<u> </u>	-
	of a state contractor or prospective state branch or branches outract is with:	e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	1
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Residential Street Address	///chr//e	- s	State Zip Code
56 Home 4 St	Bristel	Č	
Principal Occupation	Name of Employer		
	6400 to a candidate for a chief executive e/she is associated with have a contract		Amount of Contribution
valued at more than \$5,000?	☐ Yes		
	of a state contractor or prospective state has branch or branches ontract is with:	e contractor? Yes No Legislative	
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Residential Street Address 20 Wh, ppen would Lare	City	zeseth "	State Zip Code
20 Whippenwood Lare	13 ristol		T
Principal Occupation	Name of Employer		
	400 to a candidate for a chief executive e/she is associated with have a contract		Amount of Contribution
	of a state contractor or prospective state a branch or branches ontract is with:	contractor?	
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Section B ADDITIONAL PAGE 3 w of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ערוס	TYPE OF REPORT	
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A. Total Contributions from Small Contributors-Reg	ceived this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized	Contributions from Indiv	riduals	
Last Name	First S/1, at		МІ
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10 Longmendon Lane	Redding		CT
Principal Occupation	Name of Employer	n 1 4	
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	e/she is associated with have a contract Yes 3/No		Amount of Contribution
event reported in Section L1?	of a state contractor or prospective state branch or branches	ate contractor?	
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7 D	Rn. L		C7
Principal Occupation	Name of Employer	/	
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	6400 to a candidate for a chief executicle/she is associated with have a contractory Yes A No		Amount of Contribution
	of a state contractor or prospective standard or branches ontract is with:	ate contractor? Yes	
Method of Contribution:	Date Received	Aggregate Contributions	
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Last Name	First		MI
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95 Sm. Ja St	13 nisto)	L	5
Principal Occupation	Name of Employer		
landsecper	1/4/ex's L		Monte
	6400 to a candidate for a chief executive/she is associated with have a contractory Yes		Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 106/17/106/17		tte contractor? ☐ Yes ☐ No ☐ Legislative	
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TOTAL OF ALL CONTRIBUTIONS FI			
	Line 13, Column A of Summary Page		

Section B ADDITIONAL PAGE 3× of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)			TYPE OF REPORT			
Re Elect Mayor Ka	2017			7/10/	17		
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	butors-Receive		is Period ONLY OTAL SECTION A	\$,		
B.	Itemized Con	tribu	itions from Indiv	iduals			
Last Name		Fire	st			1	MI
Simon,		Ш,	Hlex				
Residential Street Address	C	City	Bartel		State	Zip Coo	ie
Principal Occupation			Name of Employer	4	a Wa		/
16rdscaper			HersLa	Neoping			Lcc
	r or business he/she is		iated with have a contract Yes No	ve officer of a municipality with said municipality	y, Amo	ount of C	Contribution
event reported in Section L1?	indicate which brane	ch or b		₽ No			
	ernment the contract	is with	Date Received	☐ Legislative Aggregate Contributions	_		
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Last Name		1				"	.
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53 Carrolation	5+		South		CT		
Principal Occupation			Name of Employer		1	·	
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levent reported in Section L1?	utor a principal of a st		ntractor or prospective sta	te contractor?			
If yes, list Event # 0603174 of go	vernment the contract		: Executive	Legislative	4		ŀ
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	s in excess of \$400 to r or business he/she is		didate for a chief executive attend with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of C	ontribution
event reported in Section L1?	itor a principal of a st indicate which brand rernment the contract	ch or b		te contractor? ☐ Yes ☑ No ☐ Legislative			
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SEEC FORM 20

Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Recei	7	7/10/17	
A. Total Contributions from Small Contributors-Recei	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ontributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	City	Sta	te Zip Code
48 Winthrop St	New Bn.+	a, n	Zip Code
Principal Occupation	Name of Employer	Explorator	-41
Is contributor a lobbyist, spouse,	to a candidate for a chief executive		
or dependent child of a lobbyist? I does contributor or business he/sh valued at more than \$5,000?	e is associated with have a contract ☐ Yes ☐ No	with said municipality	Amount of Contribution
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Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 6/10/17	100	140
Last Name	First	1	MI
Welch	Jason		
Residential Street Address	City	Stat	e Zip Code
Principal Occupation Principal Occupation	Name of Employer		<i>T</i>
	to a candidate for a chief executive is associated with have a contract \(\sqrt{Yes} \)		Amount of Contribution
event reported in Section L1?	state contractor or prospective state	e contractor?	
If yes, list Event # 000317 of government the contra		☐ Legislative	
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Williams	James		
Residential Street Address 16 Welch Da	City R	State	e Zip Code
	/ RISTU	C	T
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page T		

Section B ADDITIONAL PAGE 32 of 17

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)		TYPE OF REPORT	rolles de la companya de la company
Re Elect A. Total Contributions from Small	Mayor Ken	2017	7/10/17	,
A. Total Contributions from Small (See instructions for definition of Small Contr		ed this Period ONLY SUBTOTAL SECTION A	\$	
	B. Itemized Con	ntributions from Indivi	duals	
Last Name		First		MI
Residential Street Address		City		State Zip Code
16 Welch	Da	BRISTU)		7
Principal Occupation		Name of Employer		
or dependent child of a lobbyist?		to a candidate for a chief executive is associated with have a contract		y, Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac		e contractor?	,
Method of Contribution:	W	Date Received	Aggregate Contributions	7
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order 6/29/17	FO	25
Last Name		First		MI
Zad Rozny		Christin	na_	
Residential Street Address 9 New Ca3 He		City		State Zip Code
1 Hwcastle	DL	Unionille		C7
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? In No does		o a candidate for a chief executive s associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 2603170	Is contributor a principal of a s If yes, indicate which bran of government the contrac		te contractor? Yes	
Method of Contribution:		Date Received	Aggregate Contributions	-
☐ Cash Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order 6/3/17	100	1/00
Last Name		First		MI
Zalrozny		Jessica		
Residential Street Address	(City		State Zip Code
L 51 Forest La	7 2	Canton		CT
Principal Occupation		Name of Employer		
or dependent child of a lobbyist? No does		o a candidate for a chief executive s associated with have a contract		Amount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 00031	Is contributor a principal of a s If yes, indicate which bran of government the contract		e contractor?	
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash Æ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order 6/3/17	/00	/00
	SUBT	OTAL Section B — This	Page	225
	TOTAL	of additional Section B P	ages	
TOTAL OF ALL O		INDIVIDUALS (Sections A 3, Column A of Summary Page 1		

Section B ADDITIONAL PAGE 3aa of 17

NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repository)		TYPE OF REPORT		
ReElect V	nayor Kend	2017	7/10/1	<u> </u>	
A. Total Contributions from Si (See instructions for definition of Small of	생기 이 문의 회사 회사 회사 회사 회사 기계	ved this Period ONLY SUBTOTAL SECTION A	\$		
	B. Itemized Co	ontributions from Indiv	⁄iduals		
Last Name		First	à		MI
Residential Street Address		City	<i></i>	State	Zip Code
299 150	rock St	Brist	<i>,</i>)	et	
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, Uyes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # () (0 > 3 1) A			ate contractor?		
Method of Contribution:	**************************************	Date Received	Aggregate Contributions	1	.)
Cash Personal Check Credit/Debit Ca	ard □ Payroll Deduction □ Money	100/00/1/	100		00
Last Name		First			MI
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer		1	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	et with said municipality	/, Amou	ant of Contribution
Is this contribution associated with an Property event reported in Section L1? Property Ist Event #	Yes Is contributor a principal of a If yes, indicate which brat of government the contract		ate contractor? Yes No e Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard ☐ Payroll Deduction ☐ Money	Order First			MI
Last Name		That the state of			IVII
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer		<u> </u>	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes No Is contributor a principal of a s If yes, indicate which brat of government the contract		ate contractor?		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Li Payroll Deduction Li Money	y Order			
	SUBJ	ГОТАL Section B — Thi	s Page	10	9 0
	TOTAI	L of additional Section B	Pages		
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page			

NAME OF COMMITTEE (Provida Completa Nama	as Pagistavad w	ith Filina Danasit	· · · · · ·	TE E E	TYPE OF REPORT		
Re-Elect Mayor Ken 24		as Kegisiereu w	lin Filing Keposu	tory)		July 10, 2017		
Charles and the State of		C1. C	ontributio	ns from O	ther Comm	ittees	CONTRACTOR OF	Constitution of
Name of Committee		3.000		destroyed in the second	Name of Treasu	irer		
Address				Is this contri	ed in Section L1	d with an Yes No?	Amount	f Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
Name of Committee		I			Name of Treasu	rer		
Address				Is this contril	ed in Section L15	d with an Yes No? ? st Event #	Amount o	f Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
Name of Committee					Name of Treasu	rer		
Address				Is this contril event reporte	d in Section L13	d with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
	C2. Reimb	ursement	s or Surph	us Distribu	tions from	other Committees	Entraction	
Name of Committee					Name of Treasu			
Address				City			State	Zip Code
Date Received Expend	icable)	ayment Type Reimburseme	ent for shared ex	xpense OSı	ırplus Distributi	on	Amount	of Receipt
Description				-				
Name of Committee					Name of Treasur	rer		
Address				City			State	Zip Code
Date Received Expend	icable)	Payment Type Reimburse	ment for shared	l expense	Surplus Distribu	ition	Amount	of Receipt
Description								
			SUBTO	TAL Sectio	n C — This	Page	\bigcirc	
	FOTAL OF 133	COMMAN	AGAINST T	5 2 6 6 6	Section C P		0	
	OTAL OF ALL (Sections C1 +						U	

NAME OF COMMITTEE (Provide Complete Name as Registere Re-Elect Mayor Ken ょいつ	ed with Filing Reposit	tory)			TYPE OF July 10,		
	D. Loans	Receiv	ed this Period			1948年1988年19	and the second of the second of
Name of Lender			Source of Loan: Bank Can	ndidate 🔘	Individua	Other Committee	Date of Receipt
Street Address	City	-			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•						Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Car	ndidate 🔘	Individual	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				•			Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Car	ndidate 🔘	Individual	Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	\bigcirc
			TOTAL SECT	TION D			0
E. Receipts from Entities other	er than Indiv	iduals o	or Other Com	mittees	(Referen	dum Committee	es ONLY)
Name of Entity							
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	ate Contribu	ntions	
Name of Entity							
Street Address			-	Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contribu	itions	
Name of Entity					<u></u>		1
Street Address				Date Re	ceived		Amount Received
City	-	State	Zip Code	Aggreg	ate Contribu	itions	
			TOTAL SECT	TION E			

NAME OF COMMITTE Re-Elect Mayor Ken	EE (Provide Complete Name as Regist	ered with Filing I	Repository)		TYPE OF REPO	The state of the s	
	. Amount Transferred	from Affil	liated Bu	siness Treasury <i>Busi</i>		The second secon	
Date of Receipt	Is this transaction assoc event reported in Sectio	iated with an	OYes No	If yes, list Event #		Amount	
Date of Receipt	Is this transaction assoc event reported in Sectio		OYes No	If yes, list Event #		Amount	
Date of Receipt	Is this transaction associate event reported in Section		O Yes No	If yes, list Event #		Amount	
Date of Receipt	Is this transaction associevent reported in Section		Yes No	If yes, list Event #		Amount	
		The second secon	Kates III.	TOTAL SECTIO	NF	0	
G. Amount T	ransferred from Affilia	ted Labor	Union or	· Other Organization	Treasury (Org	anization Committees ONLY)	
Date of Receipt		Date of Receipt			Date of Receipt		
Ā	Amount	Amount				Amount	
				TOTAL SECTION	G	0	
	H. Personal Funds of	the Candid	date Rec	eived this Period <i>(Ca</i>	ndidate Committee	es ONLY)	
Date of Receipt	Method of payment:		La Albertier S	V		Amount	
	Cash	O i	Personal Che	ck Credit/Debit	Card		
Date of Receipt	Method of payment:	O 1	Personal Che	ck Credit/Debit	Card	Amount	
Date of Receipt	Method of payment:					Amount	
	Cash	O I	Personal Che	ck Credit/Debit	Card		
Date of Receipt	Method of payment:					Amount	
	○ Cash	O i	Personal Che	ck Credit/Debit	Card		
			Albert Co.	TOTAL SECTION	ON H	\bigcirc	
hereal U.S. etc.		-					
		I. An	onymous	Contributions			

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Register Re-Elect Mayor Ken スッパ	ed with Filing Repository)		YPE OF R uly 10, 20		
J. Inte	rest from Deposits in Authoriz	zed Accounts		[] Interpret	
Name of Institution		ļI	Date Receive	i	Amount
Street Address	City	Stat	te Z	ip Code	
Name of Institution			Date Received	I .	Amount
Street Address	City	Stat	re Z	ip Code	
	TOTA	L SECTION	J		\bigcirc
K. Miscellaneou	ıs Monetary Receipts not Con	sidered Con	tributio	ns	
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					-
Name		· · · · · · · · · · · · · · · · · · ·	Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description	· L				
Name	* .		Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description		<u> </u>		1	
Name			Date of	Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL SE	CTION K			0
SUMMARY OF OT	HER MONETARY RECEIP	TS (Sections	D throu	gh K)	
Total Loans Received this Period (Section D)					0
Total Receipts from Entities other than Individuals	or Other Committees (Section E)		+		0
Total Amount Transferred from Affiliated Business	s Treasury (Section F)		+ '		Ŏ
Total Amount Transferred from Affiliated Labor U	Inion or Other Organization Treasur	y (Section G)	+		Ô
Total Amount of Personal Funds of the Candidate Received this Period (Section H) +					O
Total Amount of Interest from Deposits in Authoriz	zed Accounts (Section J)		+		<u> </u>
Total Miscellaneous Monetary Receipts not Consid	ered Contributions (Section K)		+		0
(Add Sections D th	Total of Other arough K) (Enter total on Line 15, Column				0

II. EVENTACT	TVIII (Sections LI—	113)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Laborated St.	CAN BURE SET
Re-Elect Mayor Ken 🔏 🛭 (')		July 10, 2017		
L.i. Even	t Information	Libertheren ich		""""。""
Event # Description			I	20/2012
Date of Event Letter				ndraising event
040617 A Nuchie Restorant	Suppen		₩ Yes	O No
Location: Street Address	City		State	Zip Code
164 Central St	City Porestille		CI	06010
Subpart 1: (All Committees)	1 Vaccionity			
Was this event hosted at a personal residence?	OYes (If yes, go to Section L.	5 In Wind Donations n	est Canaidamad (Cantributions
was this event hosted at a personal residence:	Associated with a Hou			
	purchases made by hos			-
	≪ No			
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L		ot Considered	Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete required	information.)		
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eints here)		
with purchases from an individual of up to \$100?		———	\$	
	Ø-No			
Subpart 2: (Party Committees, Municipal Candidates and Political Com				_
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section La			Program Book
sign associated with this fundraiser?	or on a Sign and comp	nete required informa	tion.)	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	_	
gathering held within the state with this fundraiser?			\$	
	ONO n/D			
		THE SECRET OF THE PARTY OF	7.079,000	
Event # Description Date of Event Letter			Was this a fun	draising event?
[,			Æ Yes	ONo
Location: Street Address 19 Wirster Caust	City		State	Zip Code
C				
19 Wirsten Court	Baistel			CK 0/0
Subpart 1: (All Committees)			-	
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5			
	Associated with a Hou purchases made by host			mation for any
	O No	(a) res rees, ee conge u		
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations n	ot Considered (Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete required			
	No			
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)	Φ.	
with purchases from an individual of up to \$100?	D No		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm	- P	Committees)		
Were there purchases of advertising space in a program book or on a	Yes (If yes, go to Section L3	Purchases of Adverti	sing Space in a l	Program Book
sign associated with this fundraiser?	or on a Sign and comp	lete required informa	tion.)	
	O No			
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Rece	inta hara)		
gathering held within the state with this fundraiser?		ipis nere.)	\$	
	ONO n/D			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — '	This Page		
	ion L1—Subpart 3 <i>(Town Commit</i> tipts from Food Purchases — T			
	TOTAL of additional Section	L1 Pages		
		47.54		
	IPTS FROM SMALL PUR Line 16a, Column A of Summary			

Section L1. ADDITIONAL PAGE Sa of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
ReElect Mayor Ken 2017	nt Information	· –)
Event # Description	nt Information	
Date of Event Letter		Was this a fundraising event? Yes □ No
Location: Street Address	City	State Zip Code
Location: Street Address 93 To the Rd	Bristol	060%
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Associated with a House Party and complet purchases made by host(s) for food, beverage	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations and complete required information.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) ☐ Yes (If yes, go to Section L3 Purchases of Advertor or on a Sign and complete required information No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Event # Description Letter Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations n Associated with a House Party and complete purchases made by host(s) for food, beverage a ☐ No	e required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L4 In-Kind Donations r and complete required information.) ☐ No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertion or on a Sign and complete required information No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items — This Page	
	tion L1—Subpart 3 <i>(Town Committees ONLY)</i> sipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	
	CIPTS FROM SMALL PURCHASES on Line 16a, Column A of Summary Page Totals)	\bigcirc

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	(Provide Complete Name as Register	ad with Filipa Panosite	arul -	TYPE OF REPO	ЭВТ	1.64 UNG 1960	
Re-Elect Mayor Ken		eu wun 1 uing Keposuo	<i>ny)</i>	July 10, 2017		outlier by sec. 35	
		s of Advortisi	ng in a Progra	m Book or on a Sign			
Name of Purchaser	ES. 1 uTenase	3 01 Auvertisti	ng m a r rogra	III DOOK OF OH A SIGH	Purchas	se Made By:	Colonial Colonial
						siness Entity	Other
Rockers	Advanced	Cancel	ts Apro	a T		dividual/Sole I	•
Street Address	- O Vorice		City	7 = 7		State	Zip Code
52 Race	S+ Event#		Bris	tr/		O	060%
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
4.5.17	0406171			250			
Name of Purchaser					۱ ـ.	se Made By:	_
	()					siness Entity	_
City A	raning for Av		Г ".			lividual/Sole P	,
Street Address	ć 4		City			State	Zip Code
750 V-6.	raning for Av		Bais	ite/			060/0
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase /	Amount of Sig	gn Purchase
4.1.17	0406174			180-			
Name of Purchaser					1	e Made By:	_
	11		,	•	1 = >	siness Entity	
Street Address	Network	T 47 7	رک و			lividual/Sole P	
			ŧ			State	Zip Code
52 Kace	S+ Event #		BRIST	לעל		9	0600
		Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase A	Amount of Sig	gn Purchase
4.5.17	0406178		:	50			
Name of Purchaser					l	e Made By:	A • •
Rive-1	— I 1	Sac.	_	•	1 =	siness Entity	Other
Street Address	Invest next	JE 81 VIC	City		I O ma	ividual/Sole P	Zip Code
13.7	erside Due		٠ .				1
			1500	·		·	06010
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase A	Amount of Sig	gn Purchase
4.6.7	0406121		,	250			
Name of Purchaser					Purchase	e Made By:	
,	4 (Bus	siness Entity	Other Other
CRUWLAY	Chayslen	flyno-	the Inc		O Ind	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
1461 Far	minton Am		BRIS	} ~)		T	060%
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase A	Amount of Sig	gn Purchase
4/15/17	06031712			252			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book — This Page	,	500	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ing on a Sign — This Page		0	
			TOTAL of ad	Iditional Section L3 Pages		250	
TOTAI	L OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGRA	M BOOK or ON A SIGN			
		(Enter total on .	Line 16c, Column A	1 of Summary Page Totals)		550	

Section L3. ADDITIONAL PAGE 24 of 177

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposit	tory)	Figure 1187	TYPE OF REPO	ORT	1988 (cm)	A Factor
REELEC	+ MBYON Ke	n 2017			<u> </u>	4	16,20	/)
	L3. Purchase	es of Advertisi	ng in a Progra	m Book or o	n a Sign		Tarall.	
Name of Purchaser				200000000000000000000000000000000000000		1 .	se Made By:	
11.	d C					æ Ri	isiness Entity	☐ Other
Street Address	1 Sons Inc		Т			☐ Inc		Proprietorship
Street Address			City				State	Zip Code
Date Received	7 St		BRE	12/			CI	1601
		Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	ign Purchase
4/22/17	060317A			_ <	70			
Name of Purchaser						Purchas	se Made By:	
00.1	<i>A</i> 0					Æ Bu	siness Entity	☐ Other
Milone 9	Mcc Brown		T			☐ Ind	lividual/Sole 1	Proprietorship
Street Address			City	,			State	Zip Code
95 Real	to Da	Aggregate Purchases	Ch-s.	him			CT	06016
	i e	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	ign Purchase
4/27/17	0603122			25	7.			
Name of Purchaser						Purchas	e Made By:	
at a	, ,				4	Bu	siness Entity	☐ Other
Ravel 4	with Maria	7-	_			□ Ind	ividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
73 /at	1/2 St		Bais	1 1			CH	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Si	gn Purchase
5/1/17	0406171			á	350			
Name of Purchaser	•					Purchase	e Made By:	
	C(I)					Bus	siness Entity	☐ Other
Street Address	air Studio	Inc	City			☐ Ind	ividual/Sole F	,
			_				State	Zip Code
110 West	27		Bay N)				0	Obaro
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	ise A	Amount of Si	gn Purchase
1-17.17	0603171			10	00			
Name of Purchaser						Purchase	Made By:	
						☐ Bus	siness Entity	☐ Other
Street Address			T			☐ Indi	ividual/Sole P	
Street Address			City				State	Zip Code
								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	se A	Amount of Sig	gn Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in De	ogram Rook	This Page		/	
	SSET STATE SCHOOL ES T	Sair arenases 01		oPiam Dook —	I IIIs I agt		650	
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertisi	ng on a Sign —	- This Page			
			TOTAL of ad	lditional Sectio	n L3 Pages			
TOTAL	L OF ALL PURCHASES O							
		(Enter total on	Line 16c, Column A	l of Summary P	age Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

					347- 10 10 10 AVAIDA			202000000000000000000000000000000000000	
	EE (Provide Complete Name as	Registered with Filing Repos	itory)	A Section Constitution		PE OF REPOI	RT	robust kul	ne filter until
Re-Elect Mayor Ken	SE AN INSTITUTE A TERRET AND A SECURE AND A		NAME OF THE STATE OF	Statement of the statem	and the second second second	y 10, 2017			
· 基础 · 中国 · 中	L4.	In-Kind Donation	ns Not	Considered Co	ontributio	ns			And the second
Name of Donor									
Street Address			Cit	y ·				State	Zip Code
Donation Given By:	Description of Donation						Fair	Market Va	lue of Donation
Business Entity									
○ Individual ○ Sole Proprietorship	Date Received	Event #		Aggrega	te Value for thi	s Event	ļ. 1		
Sole Proprietorship									
Name of Donor									
Street Address			City	у				State	Zip Code
Donation Given By:	Description of Donation		I				Fair I	I Market Val	lue of Donation
Business Entity	·								
OIndividual	Date Received	Event #		Aggregat	te Value for this	Event			
Sole Proprietorship									
Name of Donor							<u> </u>		
Street Address			City	y				State	Zip Code
			Ī						
Donation Given By:	Description of Donation		<u></u>				Fair I	I Market Val	lue of Donation
Business Entity									
OIndividual	Date Received	Event #		Aggregat	te Value for this	Event	1		
Sole Proprietorship									
Name of Donor									
Street Address			City	y				State	Zip Code
Donation Given By:	Description of Donation						Eain N	fordrat Val	
Business Entity	Description of Bonation						Fair	aarket vai	ue of Donation
O Individual	Date Received	Event #	, , ,	Aggregat	e value for this	Event	-		
Sole Proprietorship									
		SU	BTOTA	L Section L4 — T	his Page				
				A STATE OF S					
	And the second second	TO	ΓAL of a	dditional Section	L4 Pages				
TO	TAL OF ALL IN-KIND	DONATIONS NOT	CONSID	FRED CONTRIB	RUTIONS			<u> </u>	
		Enter total on Line 21						\mathcal{O}	
generalization in the Manageria and American Company and American American State (Company) and Company (Compan			and a proper section of the section						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (P)	rovide Complete Name as Registered with Filing Rep	pository)		TYPE OF RE	EPORT	
Re-Elect Mayor Ken 20		<i></i>		July 10, 20		
L5.	In-Kind Donations Not Conside	ered Contributions Associ	ated with a H	Iouse Par	tv	
Name of Host	Francine Capi		Is this event s committee?	upporting m	ore than o	
19 W:	iston Ray	Basto)			Cī	06010
Description of Donation	Aggregate Value of this Event—all hosts	I for expenses	check	Fair Ma	rket Value	of Donation
Event# 0603 Zu17B		Aggregate Value of all Events—this	host/candidate	,		
Name of Host	Marion Codo		Is this event s committee?		lo ol	
Street Address	He No	City	,,,,,,	- 1	State	Zip Code
Description of Donation	,	1 2/3/2/3/2/	Surse/S	Fair Mai	rket Value	O Color of Donation
_	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	37C ~>	pense	L
Name of Host			Is this event so committee?			e candidate o
			If yes, cor	nplete Itemiza	ation in Add	endum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host		L	Is this event su committee? (If yes, con		0	
Street Address		City			State	Zip Code
Description of Donation	9.884			Fair Mar	ket Value o	f Donation
ivent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
		SUBTOTAL Section L5 —	This Page			-
	ŗ	ΓΟΤΑL of additional Section	L5 Pages			
TOTAL O ASSOCIATED WITH A	F ALL IN-KIND DONATIONS NO A HOUSE PARTY <i>(Enter total on</i>	OT CONSIDERED CONTRI Line 22, Column A of Summary			O	

III. NONMONETARY RECEIPTS (Sections M—O)

Revised January 2015	IT. MOMINIO	NETAKT KEC	FIL 12 (Section	ns M—O)		1 agc 12 01 17
NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT	Second Co	
Re-Elect Mayor Ken 2017	General Control of the Control of th			July 10, 2017		300 Hard CO 1990 A
		M. In-Kind Contr	ributions		表表表	
Name		Wh Philade	HUUCIONS			
Street Address	-	Ic	City		State	Zip Code
			ліу		J	Zip Cocc
- A . II . Committee	Date Received	The Contributions	- of In Vind	~ . • •		
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	1	Aggregate Contributions	Description of In-Kind C	Contribution		
OIndividual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse,		excess of \$400 to a candidat business he/she is associated			Fair '	Market Value
or dependent child of a lobbyist? O No	valued at more than		Yes ONo	Il said indinospens,		Market Value S Contribution
Is this contribution associated with an		utor a principal of a state con		te contractor? Yes	1	
event reported in Section L1? If yes, list Event #	No If yes,	indicate which branch or be ernment the contract is with:	oranches	_ No		
	V1 5010	mment the contract is with.	O EXCOUNTY () Legisiative		
Name						
		16				
Street Address			City		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind C	Contribution		
Individual / Sole Proprietorship Other						
Is contributor a lobbyist, spouse, Yes		n excess of \$400 to a candida				Market Value
or dependent child of a lobbyist? No	does contributor or valued at more than	r business he/she is associated n \$5 000?	ed with have a contract wi	th said municipality		s Contribution
Is this contribution associated with an				-tata-0 OVes		
event reported in Section L1?	No If yes,	tor a principal of a state cont indicate which branch or br		te contractor? OYes No		
If yes, list Event #		rnment the contract is with:	Executive ()Legislative		<u></u>
Name						
Street Address		Ci	ity		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution		<u></u>
Individual / Sole Proprietorship Other						
Is contributor a lobbyist, spouse, Yes	If contribution is in	n excess of \$400 to a candida	Ate for a chief executive o	fficer of a municipality,	Fair l	Market Value
or dependent child of a lobbyist?	does contributor or	business he/she is associated	ed with have a contract wit			Contribution
	valued at more than		Yes No	- AV		
Is this contribution associated with an event reported listed in Section L1?		tor a principal of a state cont indicate which branch or br		te contractor? Yes No		
If yes, list Event #		rnment the contract is with:	Executive (Legislative		
	Control of the Contro	SURTOTAL Se	ection M — This Page	-		
		SUDICELLE	SCHOIL IVI	S. Augusti		
	Declaration of the second section of	TOTAL of additi	ional Section M Pages	š //		<u></u>
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (E	inter total on Line 23, Columi	n A of Summary Page Tote	als)	\wedge	
	N. Dofunc	LLL Donosit to Tel	Lana Company			5.00
	N. Keiune	dable Deposit to Tel	ephone Company			
Last Name of Individual		First		MI	Date Deposit	Made
Residential Street Address		City	5	State Zip Code		·
					-	Amount of Deposit
		L				- -
Name of Telephone Company						
Street Address		City	2	State Zip Code	\dashv	
TOTAL SE	ECTION N (Enter 1	total on Line 24, Column A	of Summary Page Totals	s))	
			5 Table 5 Tabl		/	I

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	Part of the second	TYPE OF REPORT	
Re-Elect Mayor Ke	en 2017		July 10, 2017	
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment: Scheck #_/0/2
Ba	istel Blues Baresall		4/5/17	O Debit Card OEFT
Street Address		City		State Zip Code
	W. Main St Description	Bristy		CT 06016
Purpose of Expenditure (by code)	Description		Event #	Amount
A-OTH				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	aless "None of the below" is	checked)	
	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	• •	dent	199-
Name of Payee		Organiza	Date of Payment	Method of Payment: Check #
Jon	P F.tz Gerald		4/7/13	Check # O Debit Card O EFT
Street Address		City		State Zip Code
99 GRG	Poscription Rel	Bristo)		J 06010
Purpose of Expenditure (by code)	Description		Event #	Amount
RMB. FAD	a copies of contrasta	Cirms	0406201712	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	7
	None of the below Coordinated with reimbursement sought (joint expenditure	e) Independ	lent	
	Coordinated without reimbursement sought (in-kind contri		tion OA OB OC OD	22.43
Name of Payee			Date of Payment	Method of Payment: Check #
Boyst	Gials Club of Bastol Fx	mily Cent	n 4/12/17	O Debit Card OEFT
		´ _		State Zip Code
	Vest St	Baistu)	1	060/0
Purpose of Expenditure (by code)	Description		Event #	Amount
A-OTH				_
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	
	None of the below Coordinated with reimbursement sought (joint expenditure)		ndent	1000
Name of Payee	Coordinated without reimbursement sought (in-kind control	ribution) Organiz	atior A O B O C O D	
Name of Fayee			Date of Payment	Method of Payment: Check #/ 015
Street Address	al Olympics Connec	City	1/10/1)	O Debit Card O EFT
2660				State Zin Code
Purpose of Expenditure	Description	Hamde.	Event #	06070
(by code) A - 077	·		·	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	1
,	None of the below Coordinated with reimbursement sought (joint expenditure	e) 🕥 Independ	dent	0.64
	Coordinated with reimbursement sought (in-kind contri		tion A B C D D	100
	$oxed{s}$	UBTOTAL Section P —	-This Page	42253
	TO	TAL of additional Section	on P Pages	7935,75
	TOTAL OF ALL EXPE.	NSES PAID BY COM	- NE SE 45 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	357.78

SEEC FORM 20 Revised January 2015	Section P ADDITIONAL PAGE 13 A	of $1/$	
NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT,	
Re-	Elect Mayor Ken 2017	7/10/-	2017
	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
\mathcal{N}_{ℓ}	ichies Restaurant	04/13/17	☐ Check # / O/ C ☐ Debit Card ☐ EFT
Street Address	City	1- /. ///	State Zip Code
	entrel 54 Baist		GT 0601.
Purpose of Expenditure (by code)	_ 1 _ · · · · ·	ent# 0406201714	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	rked)	-
(іј аррисаоле)	None of the below		36-
	Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)		2233
Name of Payee	Organization:	OA OB OC OD Date of Payment	Method of Payment:
016	ateenth Flour Graphius	4/18/12	Check # 101.7
Street Address	ateenth Tour Graphics	1//0///	☐ Debit Card ☐ EFT State Zip Code
375	Lake An Baistel		CT 06010
Purpose of Expenditure	Description	nt#	Amount
(by code) PRNT			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ked)	
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		0-
		OA OB OC OD	20
Name of Payee		Date of Payment	Method of Payment: OFSheck # 1018
Bais	tul PRESS	7/18/17	☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
188	Main St Bristol		CT 06010
Purpose of Expenditure (by code)	Description Even	t #	Amount
A-news	·		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	
(y uppmeassy	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD	2394/
Name of Payee	- Organization.		Method of Payment:
-14	a Olsonio-	4/26/15	© Check # 1019
Street Address	City	1/04/1)	☐ Debit Card ☐ EFT State Zip Code
213	Spring St Southington		
	pring 5" Doorhing to		
Purpose of Expenditure (by code)	Description	t#	Amount
p-Ne	is S		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	(ed)	
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	OA OB OC OD	750
	SUBTOTAL Section P — Thi	s Page 5	750
	TOTAL of additional Section P		
		nm n	
	TOTAL OF ALL EXPENSES PAID BY COMMI' (Enter total on Line 19, Column A of Summary Page		

SEEC FORM 20 Revised January 2015	Section P ADDITIONAL PAGE 1373	of / ¹ 7	
NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Re-	Elect Mayor Ken 2017	7/10/-	2017
	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
115	Postmester	5/9/200	5-Check # / 2 0
Street Address	City	1 / MOP)	☐ Debit Card ☐ EFT State Zip Code
151	N. Main St Bristel		5 06016
Purpose of Expenditure (by code)		ivent#	Amount
FNDA	Pastage	06032010A	·
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is cha	ecked)	
	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	nt n:OAOBOCOD	54.13
Name of Payee	T Olganization	Date of Payment	Method of Payment:
Mar	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5/17/17	CKCheck #_/O2/
Street Address	on Cockagne City	1-11/1/	☐ Debit Card ☐ EFT State Zip Code
93	TUHLE RU BRISTU		CT 26010
Purpose of Expenditure (by code)		ent #	Amount
RMB-F	NON bellows, helien four	34062419A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che	cked)	
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		
		COA OB OC OD	35669
Name of Payee		Date of Payment	Method of Payment:
Thin	teenth Floor Grophics	5/27/17	Check # 1002
Street Address	City	- / ///	Debit Card DEFT State Zip Code
375	Lake An Baisto		CT 06010
Purpose of Expenditure (by code)	Description Eve	ent #	Amount
FNDR	PRNT	6032017	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che		
(if applicable)	None of the below	,	
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	•	411.73
Name of Payee	Coordinated without remindusement sought (in-kind contribution) LI Organization	Date of Payment	
		Date of Fayment	Method of Payment:
-/he	Baistel Paess	16/1/17	☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
188	Main St BRISHI)		CT about
Purpose of Expenditure (by code)		ent#	Amount
FNDR	1- ANV.	6032017A	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec		
(if applicable)	None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization		1,000
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: SUBTOTAL Section P — Th	ajako etj	\$12.15
	TOTAL of additional Section P		0 よう・ソ
	교실 교실 등 (1. 4) 그는 사이에 있다. 그들은 아니라 아들은 사람들이 되었다는 것이 되었다. 2017년 1월 1일 - 1일 시간 전기 등 전기 등에 대한 경기 등에 대한 경기 등에 대한 경기를 받는다.		
	TOTAL OF ALL EXPENSES PAID BY COMMI (Enter total on Line 19, Column A of Summary Pag		

SEEC FORM 20 Revised January 2015	Section P ADDITIONAL PAGE 134	of _ / / _	
NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT,	
Re-	Elect Mayor Ken 2017	7/10/-	2017
	P. Expenses Paid by Committee		
Name of Payee	sint Carrier	Date of Payment	Method of Payment: The Check # 1004
Street Address	City	12 /1)	☐ Debit Card ☐ ÉFT State Zip Code
19	Winston Court Bristel		CT
Purpose of Expenditure (by code)	Description Ever Description Of	nt# 6 BJ0171A	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below		-
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	OA OB OC OD	527.13
Name of Payee		Date of Payment	Method of Payment:
Street Address	1 Dy Lamenne City	6/5/17	Check #
301	Old Orchard Rel Boistel		0 0602
Purpose of Expenditure (by code)	Description	t#	Amount
- FNIN	bellooms & ties + canss 0.	603201712	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	OA OB OC OD	2698
Name of Payee	— C Ciganzanon	Date of Payment	Method of Payment:
Out -	Fruit Media City	6/27/17	Check # 100 C Debit Card DEFT State Zip Code
355	Washington Ave Do-th Ho	iven	CT 06473
Purpose of Expenditure (by code)	Description / Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ked)	
· /	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)	OA OB OC OD	196906
Name of Payee	— Organization.		Method of Payment:
Street Address	Penal Express	6/27/17	Check # 1027 Debit Card DEFT
			State Zip Code PA 15-552
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	
10 - 12	Vone of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	A OB OC OD	25-02
	SUBTOTAL Section P — This		547.67
	TOTAL of additional Section P I	Pages	
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page		

SEEC FORM 20	Section P ADDITION	IAT DACE 13.1	of 17	
NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Reposito.		TYPE OF REPORT	
	Elect McViv Ken 2	1017	7/10/	7017
	, , , , , , , , , , , , , , , , , , ,	es Paid by Committe		<u> </u>
Name of Payee		es I aid by Committe	Date of Payment	Method of Payment:
na	. .		1/-	Check # 102
Street Address	anion Cockogne	To:	6/29/17	Debit Card DEFT
Street Address	T.M. R.	City	,	State Zip Code
Purpose of Expenditure	Description	Karstel Kallunuts	Event #	Amount
(by code)	L'envoluses Depen to 40	Coller with	07432017	1
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" is	s checked)	7
(if applicable)	None of the below	-	•	08
	☐ Coordinated with reimbursement sought (joint expendi			167
Name of Payee	Coordinated Aithort Lembarsemen's 2008 in (in-vina co	ntribution) LI Organiz	Date of Payment	Method of Payment:
•				Check #
Street Address		T ₀		☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required I None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind contro	ure) 🔲 Indepen	·	
Name of Payee			Date of Payment	Method of Payment:
				Check #
Street Address		City		☐ Debit Card ☐ EFT State Zip Code
-				
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" is	s checked)	
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendi ☐ Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indepe	ndent	
Name of Payee	Coordinated Without Termodisement sought (III-kind to	Organiz	Date of Payment	Method of Payment:
Traine of Fayes			Sale of Fayingin	☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required II None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ture)	ation: o A o B o C o D	7 08

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE
(Enter total on Line 19, Column A of Summary Page Totals)

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPOR	ЭT	
Re-Elect Mayor Ken		<u>y</u>	July 10, 2017	(1)	
Market Committee		penses Paid by Cand	-	- 1 (PP1 6 LP 6)	normalist .
Name of Payee (Name of Venu	dor, Person or Entity who candidate paid directly)	J	Date of Payment	Is reimi	bursement claimed?
· 					Yes No
Street Address		City		State	Zip Code
					•
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Venu	dor, Person or Entity who candidate paid directly)		Date of Payment	Is reiml	bursement claimed?
, <u>,</u>					Yes 🔘 No
Street Address		City	-	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Venu	dor, Person or Entity who candidate paid directly)		Date of Payment		oursement claimed? Yes No
Street Address		City		State	Zip Code
		G.A.J		State	Lip code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Venu	dor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?
				0	Yes 🔘 No
Street Address		City		State	Zip Code
Purpose of Expenditure D	Description		Event #		Amount
(by code)					
Name of Payee (Name of Vend	dor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?
				0	Yes 🔘 No
Street Address		City		State	Zip Code
Purpose of Expenditure D	Description		Event#		 Amount
(by code)	•				
Name of Payee (Name of Vend	dor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
				0	Yes No
Street Address		City		State	Zip Code
Purpose of Expenditure D			Event#		Amount
(by code)	Description		Event#		Amount
		SUBTOTAL Section Q —	– This Page		
	TC	OTAL of additional Section	on Q Pages		
		PENSES PAID BY CAl ine 26, Column A of Summary		· · · · · · · · · · · · · · · · · · ·	$\overline{\hat{C}}$

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT Re-Elect Mayor Ke	TEE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPO July 10, 2017	AND ADDRESS OF THE PROPERTY OF
		curred on Committee (OLANDE SE ESTATE DE LA COMPANSIONE	
Name of Issuing Insti		Type of Credit Card:	ercan Cara	
		O Visa O Mas	ter Card Discover O	American Express Other:
Name of Vendor, Person	or Entity			Date of Transaction
0				
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure) In	ow" is checked) dependent ganization: OA OB OC	○ D
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	ow" is checked) dependent ganization: A B OC	○ D
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	at expenditure) Inc	ow "is checked) dependent ganization: OA OB OC	O D
		SUBTOTAL Section R	— This Page	
		TOTAL of additional Sect	tion R Pages	
ТО	TAL OF ALL EXPENSES INCURREI (Enter total	O ON COMMITTEE CRI on Line 27, Column A of Summ		$\overline{\mathcal{O}}$

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	enocitory)	TYPE OF REPORT	r		
Re-Elect Mayor Ke		epository	July 10, 2017			
Manufacture of the second	S. Expenses Incurred by	Committee but No	ot Paid During this Period			
Name of Creditor					Date Incurred	
-						
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	he below" is checked) Independent Organization: A B OC () D		
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TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE (Enter to	E DURING THIS PERIO Stal on Line 28, Column A o				
	Previously report	ed Expenses Unpaid an	d still Outstanding			
	TOTAL OF ALL EXPENSES INCU (Enter total	URRED BY COMMITT al on Line 28a, Column A o		$\overline{}$		

NAME OF GOVERNMENT		The state of the s					
				YPE OF REPORT uly 10, 2017			
	T. Itemization of Reim	bursements and Secon		•		APPARE	rengue a de la composition della composition del
Last Name of Worker/Cons		First		<i>.</i>	МІ		Payment to Vendor,
Fitz	Gerald	Jon			P	Person o	Entity () / i 7
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to	o Reimburse	Committee \	Worker/Consultant as
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City				Chec	Section P:		bit Card OEFT
		City				State	Zip Code
871	Farmington Ave	Briste)	1			CT	06010
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Expenditure #	Type of Expenditure (Itemization in Addendum T Require		l		,,,,		
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	· •	-		Payment to reported in		Committee V	Vorker/Consultant as
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1355					k# 105	Det	oit Card OEFT
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Purpose of Expenditure (by code)

Expenditure # (ff applicable)

Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)

None of the below (does not involve another candidate or committee)

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

SUBTOTAL Section T—This Page

TOTAL of additional Section T Pages

TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

SEEC FORM 20 Revised January 2015	IV.)	EXPENDITURES	(Sections P—T)	17R		
NAME OF COMMITTE	EE (Provide Complete Name as Registered w	ith Filing Repository)	TYP	E OF REPORT		
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Re- Steet Mayor ken 2017 T. Itemization of Reimbursements and Secondary Payees						
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	appier	France	ine		6/2/17	
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Happy	Person or Entity Paid by Committee Worker/C	Liquons		reported in Section P: Check # 100	∠ □ Debit Card □ EFT	
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767	Pine St	13	a.5-10)		CT 060/0	
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	erson or Entity Paid by Committee Worker/Co			Check #_/	Debit Card EFT State Zip Code	
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<u>130</u>	5			Check # 102		
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Purpose of Expenditure by code)	Description		Event #		Amount	
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SEEC FORM 20 Revised January 2015 IV. EXPENDITURES (Sections P—T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T. Itemization of Reimbursements and Secondary Payees Date of Payment to Vendor, Last Name of Worker/Consultant Cindy a marne Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant as Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Check # 1025 Debit Card EFT Zip Code State 06014 06032017A Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Last Name of Worker/Consultant 6/13/17 Marion Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/ Check # 1008 Debit Card EFT Street Address of Vendor, Person of Entity Paid by Committee Worker/Consultant Zip Code Baistul |Event# Amount 071320101 Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Expenditure # None of the below (does not involve another candidate or committee) ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) □ Organization: o A o B o C o D Date of Payment to Vendor, Person or Entity Last Name of Worker/Consultant Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant as reported in Section P: Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant C⊠ Check # <u>/ O D</u> Debit Card □ EFT State Zip Code BRISTUL CI Purpose of Expenditure Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) (if applicable) ☐ None of the below (does not involve another candidate or committee) ☐ Independent ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D SUBTOTAL Section T — This Page TOTAL of additional Section T Pages

TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

IV. EXPENDITURES (Sections P—T)

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T. Itemization of Reimbursements and Secondary Payees							
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